



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
AMATEUR BOUT AGREEMENT

CONTESTANT INFORMATION

NAME	NATIONAL ID NUMBER
ADDRESS	
TELEPHONE	EMAIL ADDRESS

PROMOTER INFORMATION

NAME	MISSOURI LICENSE NUMBER
ADDRESS	
TELEPHONE	EMAIL ADDRESS

The contestant agrees to participate in a [kickboxing, full-contact karate or mixed martial arts] bout scheduled for _____ rounds at a maximum weight of _____ pounds. The event will be held on the _____ day of _____, 20____, at _____ which is located in _____, Missouri.

Weigh-ins for the bout shall take place on _____, 20____, at _____ AM/PM at _____ in the city of _____, in the State of Missouri.

The contestant shall wear a _____ ounce glove and the opponent shall wear a _____ ounce glove.

MIXED MARTIAL ARTS BOUT (only allowable after five (5) sanctioned amateur fights)

WILL KNEES TO THE HEAD BE ALLOWED FROM A NON-GROUNDED POSITION?

☐ YES ☐ NO

KICKBOXING BOUT

WILL HEADGEAR BE USED?

☐ YES ☐ NO

WILL SHIN GUARDS BE USED?

☐ YES ☐ NO

WHAT IS THE LENGTH OF EACH ROUND?

Fighter hereby releases the Promoter, sponsors, and the State of Missouri, or any agent, representative, or employee thereof, from any and all claims of liability, known or unknown at the time, arising from injuries, mental and physical, which may be sustained by Fighter during participation in this event.

FIGHTER'S INITIALS

Failure to appear: If a fighter signs a contract and fails to appear at an event, Fighter may be denied the approval to fight in the future, unless documentation for extenuating circumstances is provided and it is approved by the office. Fighter agrees not to participate in another event within 30 days of this event unless approved by the promoter/matchmaker of this event.

FIGHTER'S INITIALS

It is unlawful for an amateur fighter to accept any monetary amount for his/her participation in this event however fighter may accept an amount not to exceed \$50.00 for travel.

FIGHTER'S INITIALS

PROMOTER'S INITIALS

FIGHTER'S SIGNATURE

DATE

FIGHTER'S TRAINER (IF APPLICABLE)

DATE

TRAVEL EXPENSE PAID

\$

PROMOTER/MATCHMAKER

DATE